

ALASKA DRINKING WATER FUND PAYMENT REQUEST



Payment Number: _____

Date: _____

Loan Recipient Name: _____

Project Number: _____

Address: _____

Address: _____

City, State, Zip _____

Project Title _____

Payee (where check should be sent if different from above)

Name: _____

Address: _____

City, State, Zip _____

Cost Breakdown

	Total Loan Amount	Previous Payments	Amount of this Request	Total Payment
Administrative	\$ _____	\$ _____	\$ _____	\$ _____
Engineering/Design	\$ _____	\$ _____	\$ _____	\$ _____
Inspection/Surveying	\$ _____	\$ _____	\$ _____	\$ _____
Construction	\$ _____	\$ _____	\$ _____	\$ _____
Equipment	\$ _____	\$ _____	\$ _____	\$ _____
Other (_____)	\$ _____	\$ _____	\$ _____	\$ _____
 Total Loan Amount:	\$ _____			
Previous Payments:	\$ _____			
This Payment:	\$ _____			
Balance Remaining:	\$ _____			

Certification

I certify to the best of my knowledge and belief that the amount of funds I am requesting is in accordance with the terms of the loan offer and this request for payment represents the correct loan share due which has not been previously paid. The project is now approximately _____% complete.

Signature

Printed Name

Title